

EXPORT-IMPORT BANK OF THE UNITED STATES

NOTIFICATION OF BUYERS IN FINANCIAL DIFFICULTY

Report submitted for month of _____, ____

IF **NO** SUCH BUYERS, CHECK HERE ☐

POLICY NUMBER: _____
(prefix) (number)

Date Received

INSURED: _____

BROKER: _____

ADMINISTRATOR: (if applicable) _____

Please list all of the Insured's customers which the Insured knows or has reason to believe are in financial difficulty. (Please note that a buyer need not be in arrears on payments in order to be considered in "financial difficulty".)

1a. Buyer's Name: _____
b. Buyer's Address: _____
c. Buyer Number (from SBCL): _____
d. Reason For Financial Difficulty: _____
e. How Did Insured Learn of Situation? _____

2a. Buyer's Name: _____
b. Buyer's Address: _____
c. Buyer Number (from SBCL): _____
d. Reason For Financial Difficulty: _____
e. How Did Insured Learn of Situation? _____

3a. Buyer's Name: _____
b. Buyer's Address: _____
c. Buyer Number (from SBCL): _____
d. Reason For Financial Difficulty: _____
e. How Did Insured Learn of Situation? _____

4a. Buyer's Name: _____
b. Buyer's Address: _____
c. Buyer Number (from SBCL): _____
d. Reason For Financial Difficulty: _____
e. How Did Insured Learn of Situation? _____

Signature _____ Date Prepared _____, _____
(if applicable use Administrator's signature) (month) (day)

WHO TO CONTACT:

Please send or ask your insurance agent or broker to submit this completed form to:

EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION
811 VERMONT AVENUE, NW, WASHINGTON, DC 20571

TEL (202) 565-3630
FAX (202) 565-3675